RED SUN DENTAL

Financial & Appointment Policy

Thank you for choosing Red Sun Dental. We are honored to care for your oral health and are committed to providing high-quality treatment in a comfortable, patient-centered environment. Our Financial & Appointment Policy is designed to help streamline the check-in process, reserve dedicated treatment time for every patient, and ensure a smooth, efficient experience from start to finish. These guidelines allow our team to spend more time focusing on your care and less time on administrative tasks.

Scheduling & Fees

- Hygiene (cleaning) appointments require payment in full or an approved payment plan established **one week prior** to the scheduled appointment.
- Treatment appointments including fillings, crowns, root canal therapy, extractions, scaling and root planing, dentures, implants, and other restorative or surgical procedures require payment in full or an approved payment plan established **one week prior** to the scheduled appointment.
- New patients must pay the full appointment cost at the time of scheduling.
- Appointments canceled with **less than one business days' notice** or missed without notice (no-show) may incur cancellation fees:
  - Appointments for less than two hours: $100 cancellation fee.
  - Appointments two hours or longer: $300 cancellation fee.

Payment & Insurance

- As a courtesy, we file primary dental insurance claims on your behalf. Insurance reimbursements are sent directly from your insurance company to you. If you do not receive your reimbursement, please contact your insurance carrier directly.
- Patients with secondary dental insurance are asked to e-mail or text a copy of their primary Explanation of Benefits (EOB) once it is received. We will use the EOB to submit your secondary insurance claim.
- We accept all major credit cards, cash, personal checks, **Cherry Financing** and **Cherry Buy Now, Pay Later** payment options for qualified applicants. (Buy Now, Pay Later- make smaller payments over time for treatments today.)
- If you have dental insurance, please note that all estimated patient portions are estimates only. Your actual financial responsibility may vary depending on factors such as unmet deductibles, annual maximum benefits that have already been used, benefit limitations, or covered percentages that differ from the information provided by your insurance carrier. Patients are ultimately responsible for all charges not paid by their insurance plan.

Treatment & Fees

- Treatment estimates are valid for 60 days from the date they are provided. After 60 days, fees may be subject to change.
- All dental treatment and services are non-returnable and non-refundable. Dentures and partial dentures include complimentary adjustments for 60 days following delivery. After 60 days, adjustment fees will apply.

Unpaid Balances

- Any balance that remains unpaid for more than 90 days may be referred to a collection agency. If a collection agency or attorney becomes involved in the collection of your account, the account holder agrees to be responsible for all reasonable collection costs, court costs, attorney fees, and other expenses occurred in collecting the outstanding balance, to the extent permitted by applicable law.

Membership Program

- Membership payments must remain current to maintain active membership and receive membership benefits.
- If a membership payment is missed and your account has an outstanding balance, we will charge the payment method on file for the amount due.
- If membership is canceled before the end of its annual term, all membership dues paid during that term will be refunded. Any membership discounts or benefits received during that same term will be reversed, which may result in a balance owed on the account.

Acknowledgment

I acknowledge that I have received, read, and understand the Financial & Appointment Policy. I understand that these policies are intended to help provide efficient scheduling, timely care, and clear financial expectations. I agree with the terms outlined in this policy.

Patient/Responsible Party: _____ Date:_____

Signature: _____

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